

# APPLICATION FOR RENEWAL OF SUBSTITUTE AND JROTC CERTIFICATE

A certificate may be renewed within six months of its expiration date.

## ARIZONA DEPARTMENT OF EDUCATION-CERTIFICATION UNIT

Phoenix Office: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367

Flagstaff Office: 2384 N. Steves Blvd., Box-C, Flagstaff, AZ 86004 Telephone: (928) 679-8117

Tucson Office: 400 W. Congress St., #118, Tucson, AZ 85701 Telephone: (520) 628-6326

### GENERAL INSTRUCTIONS AND INFORMATION: Please submit the following:

- A valid Arizona Fingerprint Clearance Card (plastic) issued by the Arizona Department of Public Safety at (602) 223-2279.
- Complete this application and submit \$20, payable by money order, cashiers check or personal check **ONLY** to the Arizona Department of Education (ADE). **Fees are not refundable. Cash will not be accepted.**

### PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F  
(For identification purposes only)

Full Legal Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street Number or P.O. Box City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Home) (Home)

Ethnicity: \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Black or African-American (Not-Hispanic) \_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ White (Not-Hispanic) \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Other

(Gender and Ethnicity are requested for federal reporting purposes only)

### CRIMINAL HISTORY - ANSWER EVERY QUESTION, SIGN AND DATE

**ATTN:** If "YES" is indicated for any of the following questions, please attach a full explanation to this application, a statement must be provided with each application.

- Have you ever had any professional certificate or license, revoked or suspended?.....YES\_\_\_ NO\_\_\_
- Have you ever received a reprimand or other disciplinary action involving any professional certification or license?...YES\_\_\_ NO\_\_\_
- Have you ever been convicted of any felony offense?.....YES\_\_\_ NO\_\_\_
- Have you ever been arrested for any offense for which you were fingerprinted?.....YES\_\_\_ NO\_\_\_**
- HAVE YOU EVER BEEN ARRESTED FOR ANY OF THE FOLLOWING OFFENSES IN THIS STATE OR SIMILAR OFFENSES IN ANOTHER JURISDICTION?**

<b>a</b> Second-degree murder	YES___ NO___	<b>k</b> Taking a child for the purpose of prostitution as prescribed in section 13-3206	YES___ NO___	<b>r</b> Any offense causing you to register as a sex offender	YES___ NO___
<b>b</b> Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age	YES___ NO___	<b>l</b> Child prostitution as prescribed in section 13-3212	YES___ NO___	<b>s</b> First-degree murder	YES___ NO___
<b>c</b> Sexual assault	YES___ NO___	<b>m</b> Involving or using minors in drug offenses	YES___ NO___	<b>t</b> Armed Robbery	YES___ NO___
<b>d</b> Molestation of a child	YES___ NO___	<b>n</b> Continuous sexual abuse of a child	YES___ NO___	<b>u</b> Incest	YES___ NO___
<b>e</b> Sexual conduct with a minor	YES___ NO___	<b>o</b> Attempted first-degree murder	YES___ NO___	<b>v</b> Exploitation of minors involving drug offenses	YES___ NO___
<b>f</b> Commercial sexual exploitation of a minor	YES___ NO___	<b>p</b> Any other dangerous crime against children as defined in section 13-604.01	YES___ NO___	<b>w</b> Sexual abuse of a vulnerable adult	YES___ NO___
<b>g</b> Sexual exploitation of a minor	YES___ NO___	<b>q</b> Any of the above listed offenses if committed as a preparatory offense as described in section 13-1001	YES___ NO___	<b>x</b> Sexual exploitation of a vulnerable adult	YES___ NO___
<b>h</b> Child abuse	YES___ NO___			<b>y</b> Commercial sexual exploitation of a vulnerable adult	YES___ NO___
<b>i</b> Kidnapping	YES___ NO___			<b>z</b> Abuse of a vulnerable adult	YES___ NO___
<b>j</b> Sexual abuse of a minor	YES___ NO___			<b>aa</b> Molestation of a vulnerable adult	YES___ NO___
				<b>bb</b> Neglect of a vulnerable adult	YES___ NO___

I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for revocation, suspension, or other disciplinary action against any certificate issued to me by the Arizona Department of Education.

\_\_\_\_\_  
Date Applicant's Signature

\*PURSUANT TO A.R.S. 15-534.03, EACH EDUCATOR MUST NOTIFY THE DEPARTMENT OF EDUCATION OF ANY CHANGE OF ADDRESS WITHIN THIRTY DAYS. CHANGE OF ADDRESS FORMS ARE AVAILABLE ON OUR WEBSITE.

ALL DOCUMENTATION, INCLUDING TRANSCRIPTS, BECOMES THE PROPERTY OF THE ARIZONA DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED. REQUIREMENTS MAY BE SUBJECT TO CHANGE AND ARE FULLY REFERENCED IN THE ARIZONA REVISED STATUTES AND ADMINISTRATIVE CODE.